

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/5602487

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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6						
7						
8						
9						
10						
11						
12	1					
13	1					
14	1					
15	1					
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49						
50						
TOTAL IND.	3		↓	↓	↓	↓
TOTAL DEP.	17	←	←	←	←	←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						